

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS        | ID NO.      | DATE            |
|---------------------------|-----------------|-------------|-----------------|
| FEE DETERMINATION         | <i>10/20/01</i> |             | <i>5/15/01</i>  |
| O.I.P.E. CLASSIFIER       | <i>MTN</i>      | <i>50</i>   | <i>06-24-01</i> |
| FORMALITY REVIEW          | <i>R.B</i>      | <i>1078</i> | <i>08/08/01</i> |
| RESPONSE FORMALITY REVIEW |                 |             |                 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim                  | Date |
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| Claim                   | Date |
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| Claim                    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

50/078

1156-20883  
08/01/01